

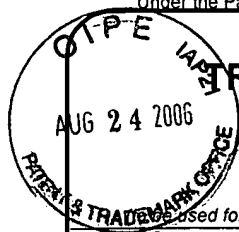
JP124

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

Used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/706,818
Filing Date	November 12, 2003
First Named Inventor	Masami YOSHIDA
Art Unit	3616
Examiner Name	Ruth Ilan
Attorney Docket Number	0072-TS44

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
<input type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Dann Dorfman Herrell and Skillman, P.C.		
Signature			
Printed name	Vincent T. Pace		
Date	August 21, 2006	Reg. No.	31,049

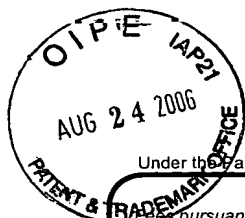
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Signature			
Typed or printed name	Vincent T. Pace	Date	August 21, 2006

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Case pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/706,818
Filing Date	November 12, 2003
First Named Inventor	Masami YOSHIDA
Examiner Name	Ruth Ilan
Art Unit	3616
Attorney Docket No.	0072-TS44

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 04-1406 Deposit Account Name: DannDorfmanHerrellandSkil

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	100	Extra Claims	Fee (\$)	Fee Paid (\$)
30	- XXXXX -	0	x 0	= 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 or HP =	0	x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature	<u>Vincent T. Pace</u>	Registration No. (Attorney/Agent) 31,049	Telephone 215-563-4100
Name (Print/Type)	Vincent T. Pace		Date August 21, 2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of : **Docket 0072-TS44**
:
YOSHIDA et al. : **Confirmation No. 6965**
:
U.S. Appln. No. 10/706,818 : **Group Art Unit 3616**
:
Filed: November 12, 2003 : **Examiner RUTH ILAN**
:
For: **POSITION SENSOR SYSTEM** :
: **AND VEHICLE SEAT PROVIDED** :
: **WITH THE POSITION SENSOR** :
: **SYSTEM** :

CERTIFICATE OF MAILING (37 C.F.R. 1.8(a))

I hereby certify that this Correspondence is being deposited on August 21, 2006 with the United States Postal Service as first-class mail in an envelope properly addressed to COMMISSIONER FOR PATENTS, Alexandria, Virginia 22313-1450.

August 21, 2006
Date of Certificate

Vincent T. Pace
Vincent T. Pace

REPLY UNDER 37 CFR 1.111

In reply to the election of species requirement set forth in the Official Action mailed on May 19, 2006, the Applicants submit the following.

Amendments to the **Specification** begin on page **2**.

Amendments to the **Claims** begin on page **12**.

Responsive **remarks** begin on page **23**.